

Self-Directed Community First Choice/Personal Assistance Services Health Care Professional Authorization

The self-directed CFC/PAS Programs allows an elderly person or a person with a disability (or their personal representative) to arrange for, train, and manage the personal assistant(s). This program also includes a limited exemption from the Nurse Practice Act covering urinary system management, bowel treatments, and administration of medication and wound care. Montana State Law requires a Health Care Professional to certify, on an annual basis, that the individual is capable of managing their own care, which may include skilled services delivered by non-licensed personnel.

The following plan requires approval by a health care professional. Questions about this plan can be directed to the Personal Assistance Program at the Mountain Pacific Quality Health at 1-800-268-1145, ext 5830.

Member Name:		DOB:	ID#
Personal Representative (if applicable):			
Custodial Tasks: Approved tasks are circled Indicate Biweekly Frequency			
Bathing	Dressing	Eating	Medical Escort
Transferring	Positioning	Exercise	Household Tasks/Cleaning
Grooming/hygiene	Mobility	Med. Reminder	Laundry
Toileting	Meal Prep	Community Integration	Shopping
Yard Hazard Removal	Correspondence Assistance	Personal Emergency Response System	Skills Acquisition
Health Maintenance Activities: Skilled nursing tasks that are exempted from Nurse Practice Act for the purpose of this program. Description of activity is provided.			
Medication Administration		Date Added:	
Bowel Treatment			
Urinary Systems Management			
Wound Care			
Total biweekly time for services:			

I agree that the member/personal representative listed above is capable of managing the indicated tasks and they understand the risks involved. I understand that the quality of care delivered rests solely upon the member/personal representative. I understand I may revoke this approval at any time. 37.40.1301 SELF-DIRECTED PERSONAL ASSISTANCE SERVICES, DESCRIPTION AND PURPOSE: (2) Members will provide their physician or health care professional evidence of ability to manage their personal assistance services. (a) The scope and detail of the evidence shall be determined by the physician or health care professional.

Health Care Professional Signature

Date

Member/Personal Representative Signature

Date

Agency Name

Phone Number